

# Required format for a statewide general or special election vote-by-mail ballot application

Size 8½ x 5½"

**IMPORTANT:** You must enter the date and type of the election, as well as the last day the application must be received by the elections official.

APPLICATION FOR A VOTE-BY-MAIL BALLOT FOR THE \_\_\_\_\_,  
(month, day, year) (type of election)

To obtain a vote-by-mail ballot, complete the information on this form. This application must be received by the elections official no later than 5 pm on \_\_\_\_\_.

**1. PRINT NAME:**

**2. DATE OF BIRTH:**

\_\_\_\_\_  
mo/day/yr

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name or Initial

\_\_\_\_\_  
Last Name

**3. RESIDENCE ADDRESS (please print):**

\_\_\_\_\_  
Number and Street - as registered (P.O. Box, Rural Route, etc. not acceptable) (Designate N, S, E, W if used)

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
ZIP Code

**4. TELEPHONE NUMBER:**

( )

\_\_\_\_\_  
daytime (optional)

( )

\_\_\_\_\_  
evening (optional)

**5. PRINT MAILING ADDRESS FOR BALLOT (IF DIFFERENT FROM ABOVE):**

NOTE: Organizations distributing this form may not preprint mailing address information.

\_\_\_\_\_  
Number and Street/P.O. Box (Designate N, S, E, W if used)

\_\_\_\_\_  
City

\_\_\_\_\_  
U.S. State or Foreign Country

\_\_\_\_\_  
ZIP Code

**6. THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT THE PROPER SIGNATURE OF THE APPLICANT**

I have not applied for, nor do I intend to apply for, a vote-by-mail ballot from any other jurisdiction for this election. I certify under **penalty of perjury** under the laws of the State of California that the name and residence address and information I have provided on this application are true and correct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

WARNING: Perjury is punishable by imprisonment in state prison for two, three or four years. (Section 126 of the California Penal Code)

**FOR OFFICIAL USE ONLY**

**NOTICE**

You have the legal right to mail or deliver this application directly to the local elections official of the county where you reside. Returning this application to anyone other than your elections official may cause a delay that could interfere with your ability to vote.



**PERMANENT VOTE-BY-MAIL VOTER**

Check here to become a Permanent Vote-By-Mail Voter. Any voter may request to be a Permanent Vote-By-Mail Voter. If you check the box above and sign here:

a vote-by-mail ballot will automatically be sent to you for future elections. Failure to vote in two consecutive statewide general elections will cancel your Permanent Vote-By-Mail Voter Status and you will need to reapply. If you have any questions concerning voting by Vote-By-Mail Ballot, telephone your county of residence Elections office. Elections Code Sections 3201, 3206

The format used on this application **MUST** be used by ALL individuals, organizations and groups that distribute vote-by-mail ballot applications.

Elections Code Sections 3007  
Failure to conform to this format may result in criminal prosecution.

Elections Code Sections 18402

**7. THIS FORM PROVIDED BY:**

\_\_\_\_\_  
**IMPORTANT:** Organizations providing this form must enter their name, address and telephone number.